

Foster Family Home - Corrective Action Report

Provider ID: 1-562571

Home Name: Yolanda De Vera, CNA

Review ID: 1-562571-5

1586 Moani Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/21/2018

End Date: 2/21/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/21/18. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date